

IMACS RESEARCH STUDY APPLICATION FORM

1. Principal investigator:

E-mail :

Telephone:

Please attach Biosketches for the Principal Investigator and all Associate Investigators

2. Project title:

3. Specific Aims:

4. Lay summary (no more than 200 words):

5. Summary of the project (no more than 3 pages). A clear and concise summary of the proposed project giving the background, preliminary results, and methods and expected findings and contingencies.

6. Estimated cost of the project and source of funding: \$ _____ ; Source of funding: _____

7. Proposed starting date: _____ Proposed duration: _____

8. (a) Does your project need clinical data, samples or surveys from IMACS members?
No _____; YES _____, if yes please complete below:

	Check if required	Number of cases requested
Clinical information		
Muscle biopsies		
DNA		
Lymphocytes		
Serum		
Surveys		
Other: specify _____		

9. Have you applied for IRB/Ethical Approval? NO _____; YES _____, please give details below:

10. How do you intend to recognize IMACS participants in any publications resulting from this effort?

I have read IMACS Research Study Guidelines and Policies and agree to abide by them.

(Signature of Principal Investigator)

(Date)